DEBBY RANSOM, R.N., R.H.I.T - Chief BUREAU OF FACILITY STANDARDS 3232 Eider Street P.O. Box 83720 Boise, idaho 83720-0036 PHONE: (208) 334-6626 FAX: (208) 364-1888 E-mail: fsb@dhw.idaho.gov

May 26, 2010

Ms. Casey Meza, Administrator St. Mary's Hospital PO Box 137 Cottonwood, Idaho 83522

RICHARD M. ARMSTRONG - Director

RE: St. Mary's Hospital, Provider ID# 131321

Dear Ms. Meza:

This is to advise you of the findings of the Medicare/Licensure Fire Life Safety Survey, which was concluded at St. Mary's Hospital, on May 19, 2010.

Enclosed is a Statement of Deficiencies/Plan of Correction, Form CMS-2567, listing Medicare deficiencies and a similar form listing State licensure deficiencies. In the spaces provided on the right side of each sheet, please provide a Plan of Correction. <u>It is important</u> that your Plan of Correction address each deficiency in the following manner:

- 1. What corrective action(s) will be accomplished for those individuals found to have been affected by the deficient practice;
- 2. How you will identify other individuals having the potential to be affected by the same deficient practice and what corrective action(s) will be taken;
- 3. What measures will be put in place or what systemic change you will make to ensure that the deficient practice does not recur;
- 4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and,
- 5. Include dates when corrective action will be completed. 42 CFR 488.28 states ordinarily a provider is expected to take the steps needed to achieve compliance within 60 days of being notified of the deficiencies. Please keep this in mind when preparing your plan of correction. For corrective actions which require construction, competitive bidding, or other issues beyond the control of the facility, additional time may be granted.

Ms. Casey Meza, Administrator May 26, 2010 Page 2 of 2

Sign and date the form(s) in the space provided at the bottom of the first page.

After you have completed your Plan of Correction, return the original to this office by **June 8, 2010**, and keep a copy for your records.

Thank you for the courtesies extended to us during our visit. If we can be of any help to you, please call our office at (208) 334-6626.

Sincerely,

ERIC MUNDELL

Health Facility Surveyor

Facility Fire Safety and Construction Program

EM/lj

Enclosure

Printed: 05/25/2010 FORM APPROVED OMB NO. 0938-0391

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIED IDENTIFICATION NUM		(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G 02	(X3) DATE SU COMPLET	
		131321		B. WING _		05/19	/2010
	ROVIDER OR SUPPLIER YS HOSPITAL		701 LE	WISTON S			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIE Y MUST BE PRECEEDED B LSC IDENTIFYING INFORM	YFULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
K 000	INITIAL COMMEN	TS		K 000			
	building that was co walls are metal studing ypsum lath and plus cement/concrete building of a noncombustible of a noncombustible. To classification would noncombustible. To occupancies connected is a "condominium" construction and to quarters of unknown hospital administra.	ingle story, 22,000+ sonstructed in 1964. It dis with a combination laster with others of lock; the roof system le slab on steel joists in goolumns are. The building construct the beconsidered protes wood non-health care lect to the hospital; to the west is a former or construction that cutive functions. A min provided at the hospital.	consists with steel tion ected the south ame employee ontains imum two		RECEIV JUN 0'9 2011 FACILITY STAND	0	
	common wall with a structures. A detact to the southeast of from the hospital by not connected to the separated from the fire alarm/smoke dimonitoring is provided in 2006. Emergines in 2006.	each of the adjoining ched clinic building is the hospital and accey a covered breezeware hospital roof system thospital building. An etection system, with ded in the building an rgency power is supp 5 KVA generator with ons. The building is	located essible ay that is m and is n existing off-site d was lied by a		Correction – Emergency power is by a diesel powered 115KVA gen a fuel storage of 600 gallons.		
	The facility is licens	sed for 25 hospital be	eds.				
		iencies were cited du survey on May 19, 2					
	The surveyor cond	ucting the survey was	s:			·	
	Eric Mundell REHS Health Facility Surv			,			
LABORATO	RY DIRECTOR'S OR PROV	VIDER/SUPPLIER REPRESE	NTATIVE'S SIC	SNATURE	TITLE		(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

Printed: 05/25/2010 FORM APPROVED OMB NO. 0938-0391

OFMITION OF MITDIOVICE	G MEDIONID OF LANGE		OMB NO. 0930-039
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02	(X3) DATE SURVEY COMPLETED
	131321	B. WING	05/19/2010

NAME OF PROVIDER OR SUPPLIER

ST MARYS HOSPITAL

STREET ADDRESS, CITY, STATE, ZIP CODE

701 LEWISTON ST COTTONWOOD, ID 83522

	СОТТО	ONWOOD,	ID 83522	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	Continued From page 1 Facility Fire/Life Safety and Construction Program	K 000		
K 029	NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1	K 029		
	This Standard is not met as evidenced by: Based on observation, it was determined that the facility had not ensured that doors protecting the corridor were properly constructed and self-closing for one of six hazardous areas sampled.			
	The findings include: Observation on May 19, 2010 at 10:36 a.m. disclosed that the central service/clean area surgical supply room(s) were not equipped with corridor self-closing solid core doors. There were two corridor dutch doors installed in the central supply clean area, one on the north corridor and one on the south corridor that were not rated and were not self-closing. The rooms were connected by an open communicating doorway in between. The hazardous area was equipped with			

(X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES

Printed: 05/25/2010 FORM APPROVED OMB NO. 0938-0391

(X3) DATE SURVEY

AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 02 B. WING_ 131321 05/19/2010 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER ST MARYS HOSPITAL 701 LEWISTON ST COTTONWOOD, ID 83522 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION (X4) ID EACH DEFICIENCY MUST BE PRECEEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) K 029 K 029 Continued From page 2 dutch doors that were not rated for that corridor rating application. Installation of non-rated, dutch doors would potentially allow heated gases and smoke to be released into the corridor system from the supply room area. The condition was observed by the surveyor, maintenance 9/1/10 coordinator and maintenance director. NFPA 101 reference: Install two new self —closing one hour rated doors in the locations of the existing 19.3.2.1 Hazardous Areas. dutch doors entering Central Service. Any hazardous areas shall be safeguarded by a fire barrier having a 1-hour fire resistance rating or shall be provided with an automatic extinguishing system in accordance with 8.4.1. The automatic extinguishing shall be permitted to be in accordance with 19.3.5.4. Where the sprinkler option is used, the areas shall be separated from other spaces by smoke-resisting partitions and doors. The doors shall be self-closing or automatic-closing. K 066 NFPA 101 LIFE SAFETY CODE STANDARD K 066 Smoking regulations are adopted and include no less than the following provisions: (1) Smoking is prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such area is posted with signs that read NO SMOKING or with the international symbol for no smoking. (2) Smoking by patients classified as not responsible is prohibited, except when under direct supervision.

(X2) MULTIPLE CONSTRUCTION

Printed: 05/25/2010 FORM APPROVED

OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED A. BUILDING 02 B. WING _ 131321 05/19/2010 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 701 LEWISTON ST ST MARYS HOSPITAL COTTONWOOD, ID 83522

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 066	Continued From page 3 (3) Ashtrays of noncombustible material and safe design are provided in all areas where smoking is permitted. (4) Metal containers with self-closing cover devices into which ashtrays can be emptied are readily available to all areas where smoking is permitted. 19.7.4	K 066		
	This Standard is not met as evidenced by: Based on observation, it was determined that the facility had not ensured the campus-wide smoking policy was apparent and would inform and preclude individuals, waiting for or approaching helicopters by foot at the landing zone, from knowing that smoking was prohibited at the helicopter pad as well as what distance separation from any helicopter was required to preclude smoking within the area of the pad zone. The findings include: Observation on May 19, 2010 at 11:55 a.m. disclosed that "No Smoking" signs were not posted at the perimeter of the landing zone/pad used by the facility for patient emergency evacuation/reception by helicopter. "No Smoking" signs were not posted at the walkway access point of the helipad as mutually observed by the surveyor, maintenance director, and maintenance coordinator. Lack of a "No Smoking" sign as a reminder to general public and facility staff would potentially cause ignition of fuel vapors around the helicopter if smoking activities were inadvertently allowed.			
	NFPA 418 reference:			

Printed: 05/25/2010 FORM APPROVED OMB NO. 0938-0391

(X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES IDENTIFICATION NUMBER: COMPLETED AND PLAN OF CORRECTION A. BUILDING 02 B. WING 131321 05/19/2010 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 701 LEWISTON ST ST MARYS HOSPITAL COTTONWOOD, ID 83522 (X5) COMPLETION PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) !D PREFIX (EACH DEFICIENCY MUST BE PRECEEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) K 066 K 066 | Continued From page 4 2.5 No Smoking. No smoking shall be permitted within 50 ft (15.2) m) of the landing pad edge. No smoking signs 7/8/10 shall be erected at access/egress points to the heliport. No smoking signage will be installed at access / egress points to the heliport. K 077 NFPA 101 LIFE SAFETY CODE STANDARD K 077 Piped in medical gas systems comply with NFPA 99, Chapter 4. This Standard is not met as evidenced by: Based on observation, it was determined that the facility had not ensured that an electrical installation was safe from damage for one of two electrical switches sampled in one of two oxygen storage rooms. The findings include: Observation on May 19, 2010 at 10:10 a.m. disclosed that the "explosion proof' electrical switch installed in the reserve supply oxygen room had a "K" cylinder leaned up and stored against the switch. The switch right at the entry of the door was not installed in a location to deter physical damage with cylinders being wheeled in and out of the reserve supply room. The condition was observed by the surveyor, maintenance coordinator and maintenance director. NFPA 99 reference: 4-3.1 Piped Gas Systems (Source and Distribution) - Level 1.

Printed: 05/25/2010 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED AND PLAN OF CORRECTION A. BUILDING 02 B. WING_ 131321 05/19/2010 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 701 LEWISTON ST ST MARYS HOSPITAL COTTONWOOD, ID 83522 (X5) COMPLETION SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) K 077 K 077 Continued From page 5 4-3.1.1.2 Storage Requirements (Location, Construction, Arrangement). (a) * Nonflammable Gases (Any Quantity; In-Storage, Connected, or Both) The electric installation in storage locations or manifold enclosures for nonflammable medical gases shall comply with the standards of NFPA Complete 70. National Electrical Code, for ordinary locations. Electric wall fixtures, switches, and Relocate light switch above 60 inches receptacles shall be installed in fixed locations from floor in oxygen storage room. not less than 152 cm (5 ft) above the floor as a precaution against their physical damage. K 144 NFPA 101 LIFE SAFETY CODE STANDARD K 144 Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1. This Standard is not met as evidenced by: Based on observation, it was determined that the facility had not ensured that emergency illumination was installed as required for one of one facility auxiliary generator units. The findings include: Observation on May 19, 2010 at 10:00 a.m.

WYR72

disclosed that the attached auxiliary generator

Printed: 05/25/2010 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION

(X3) DATE SURVEY COMPLETED

131321

A. BUILDING B. WING_

05/19/2010

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

701 LEWISTON ST

SUMMARY STATEMENT OF DEFICIENCIES TAGK TAGK	ST MARY	'S HOSPITAL		WISTON S NWOOD,		
room was not equipped with an emergency illumination light in the proximity of the generator to allow repairs in case of primary and secondary power failures (loss or breakdown of auxiliary power unit during primary power failure). The condition was mutually observed by the maintenance coordinator and the surveyor. Lack of adequate light in a repair situation with total power failure (primary/secondary) may preclude an operational emergency power supply being available. NFPA 110 reference: NFPA 110 reference: Install battery-powered emergency lighting at the generator location. The lighting shall be supplied from the load side of the transfer switch.	(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	COMPLETION
	K 144	room was not equipped with an emerge illumination light in the proximity of the good to allow repairs in case of primary and so power failures (loss or breakdown of au power unit during primary power failure) condition was mutually observed by the maintenance coordinator and the survey of adequate light in a repair situation with power failure (primary/secondary) may go an operational emergency power supply available. NFPA 110 reference: 5-3 Lighting. 5-3.1 The Level 1 or Level 2 EPS equipment shall be provided with battery-powered emergency lighting. The emergency lighting shall be supplied from the load states.	generator secondary xiliary (i. The syor. Lack th total preclude y being secondary)	K 144	lighting at the generator location. The lighting shall be supplied from	7/8/10

PRINTED: 05/25/2010 FORM APPROVED Bureau of Facility Standards STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETEO A. BUILOING B. WING 05/19/2010 131321 STREET AOORESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 701 LEWISTON ST ST MARYS HOSPITAL COTTONWOOD, ID 83522 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** COMPLETE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCEO TO THE APPROPRIATE DATE TAG OEFICIENCY) B 000 16.03.14 Initial Comments B 000 The hospital is a single story, 22,000+ s.f. building that was constructed in 1964. Interior walls are metal studs with a combination of gypsum lath and plaster with others of cement/concrete block: the roof system consists RECEIVED of a noncombustible slab on steel joists with steel roof; and, supporting columns are noncombustible. The building construction classification would be considered protected JUN-09 2010 noncombustible. Two non-health care occupancies connect to the hospital; to the south is a "condominium" structure of wood frame FACILITY STANDARDS construction and to the west is a former employee quarters of unknown construction that contains hospital administrative functions. A minimum two hour separation is provided at the hospital's common wall with each of the adjoining structures. A detached clinic building is located to the southeast of the hospital and accessible from the hospital by a covered walkway that is not connected to the hospital roof system and is separated from the hospital

The facility is licensed for 25 hospital beds.

building is unsprinkled.

The following state deficiency was cited during the fire/life safety state survey on May 19, 2010:

building. An existing fire alarm/smoke detection system, with off-site monitoring is provided in the building and was new in 2006. Emergency power is supplied by a diesel powered 115 KVA generator with a fuel storage of 300 gallons. The

The surveyor conducting the survey was:

Eric Mundell REHS Health Facility Surveyor Facility Fire/Life Safety and Construction Program

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Facilities Director

STATE FORM

021199

PRINTED: 05/25/2010 FORM APPROVED

Bureau of Facility Standards STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 05/19/2010 131321 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER ST MARYS HOSPITAL 701 LEWISTON ST COTTONWOOD, ID 83522 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DATE DEFICIENCY) B 000 Continued From Page 1 B 000 16.03.14.510.02 Life Safety Code Requirements BB162 **BB162** Life Safety Code Requirements. The hospital shall meet such provisions of the "Life Safety Code", 1985 Edition, of the National Fire Protection Association as are applicable to Health Care Occupancies which is incorporated by reference. [BB162] Any hospital in compliance with either the 1967 Edition of the "Life Safety Code" or the 1981 See attached - FORM CMS 2567 eorrective Edition of the "Life Safety Code" prior to the action plans for the deficiencies cited. effective date of these rules is considered to be in compliance with this section so long as the hospital continues to remain in compliance with that Edition of the "Life Safety Code." Life Safety Codes are available in the licensing agency of the Department. Remodelings, additions, and/or upgrading of building systems in existing hospitals shall meet the minimum standards set forth in the 1985 Edition of the "Life Safety Code" for new construction. In the event of a conflict between the applicable edition of the Life Safety Code and applicable state or local building, fire, electrical, plumbing, zoning, heating, sanitation or other applicable codes, the most restrictive shall govern. This Rule is not met as evidenced by: Refer to the federal CMS 2567 and K tags K029, K066, K077, K144.